

SERFF Tracking Number:	BNLA-125695104	State:	Arkansas
Filing Company:	Bankers Life and Casualty Company	State Tracking Number:	39322
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	LTC Riders		
Project Name/Number:	16351/16351		

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: LTC Riders

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: BNLA-125695104

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Thomas Kimble, Dan
Murphy

Date Submitted: 06/17/2008

State: ArkansasLH

State Tr Num: 39322

State Status: Approved-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/25/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 16351

Project Number: 16351

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: NAIC 233-61263 FEIN 36-0770740

Individual A&H – New Forms

16351 Amendment Rider

242A(07) Limited Payment Benefit Rider

14816B Potential Rate Increase Form

12584B Thing You Should Know Form

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Dear Director:

Enclosed for filing are the above captioned new forms. These forms are intended to comply with recent changes to your LTCI regulations, we are submitting two riders, the LTC potential rate increase form and Things You Should Know form for your approval.

Form 242A(07) replaces previously approved rider 242A (approved 7/8/2002). This revised rider adds additional contingent nonforfeiture benefits for this limited payment rider.

Form 16351 will be used with our currently marketed forms to include language regarding benefit decreases at the policyholders request.

Neither of these forms have been filed in our state of domicile, Illinois.

The flesch scores for each form are shown below:

Form Flesch Score

242A(07) 51.5

16351 53.2

We reserve the right to change the format of the enclosed forms to account for different issuance systems. The order and the content, however, will not be changed.

This filing contains no unusual or controversial items from normal Company or industry standards. We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please call me.

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Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator	d.murphy@banklife.com
222 Merchandise Mart Plaza	(312) 396-6134 [Phone]
Chicago, IL 60654-9988	(312) 396-5907[FAX]

Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
222 Merchandise Mart Plaza	Group Code: 233	Company Type:
Chicago, IL 60654-9988	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	\$20 per rider
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$40.00	06/17/2008	20935946

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	07/25/2008	07/25/2008

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Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	LTC Amendment Rider		Yes
Form	LTC Rider		Yes
Form	Disclosure Form		Yes
Form	Disclosure Form		Yes

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Form Schedule

Lead Form Number: 16351

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	16351		Policy/Cont LTC Amendment ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	16351.pdf
	242A(07)		Policy/Cont LTC Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	R242a07.pdf
	14816B	Other	Disclosure Form	Initial		0	14816B.pdf
	12584B	Other	Disclosure Form	Initial		0	12584B.pdf

AMENDMENT RIDER

This rider is a part of the policy to which it's attached. It takes effect on the policy's Issue Date.

The following provision is added to the policy:

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available to You:

You may choose to reduce:

1. the Maximum Benefit but keep the same Maximum Daily/Monthly Benefits;
2. the Maximum Daily/Monthly Benefits along with the Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten (\$10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

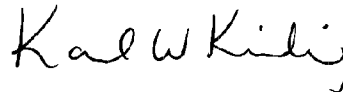
If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information, (including the applicable premium rates for the option(s) You are interested in), needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases reflects as "COVERED" in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

This rider is subject to all terms, conditions, limitations and exceptions of the policy to which it's attached.

BANKERS LIFE AND CASUALTY COMPANY



Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 222 Merchandise Mart Plaza • Chicago, Illinois 60654-2001

LIMITED PREMIUM PAYMENT PERIOD RIDER

EFFECTIVE DATE_____

YOUR POLICY NUMBER_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on the policy's Issue Date.

“Premium Payment Period” means the length of time during the life of the policy for which You must pay premium.

LIMITED PREMIUM PAYMENT PERIOD

This rider changes the policy's premium amount. It also changes the policy's Premium Payment Period to a limited Premium Payment Period which is shown in the Schedule. All limited Premium Payment Periods are a number of full policy years. Once You have paid premium for the total of the limited Premium Payment Periods, this policy will continue in force with no further premiums being payable.

Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period.

You may choose to cancel this rider at any time. If You cancel this rider, We will change Your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on Your age when the policy was issued. We will send You a new Schedule showing the new premium for the policy.

REDUCED PAID UP BENEFIT AMOUNT

If the policy and this rider should lapse for non-payment of premium after they have been in force for three years from the Effective Date, You are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums You paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

The total of all benefits paid when the policy was either in force or lapsed will not exceed the Maximum Benefit amount which would be payable if the policy had not lapsed.

CONTINGENT BENEFIT AT LAPSE

The following is added to the Contingent at Lapse Provision:

In the event of a premium increase, an additional contingent nonforfeiture benefit is available, even if You selected a nonforfeiture benefit when You bought your policy.

You are eligible for the additional contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the following chart:

Triggers for a Substantial Premium Increase

<u>Issue Age</u>	<u>Percent Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; and
3. The ratio of the number of months you already paid premiums is 40% or more than the number of months You originally agreed to pay.

If You exercise this option Your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- a. The Maximum Benefit amount Your reduced paid up policy will provide can be determined by multiplying 90% of the Maximum Benefit amount at the time the policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.
- b. The Maximum Daily Benefit and/or Maximum Monthly Benefit You purchased will also be adjusted by the same ratio.

If You purchased lifetime benefits, only the Maximum Daily Benefit you purchased will be adjusted by the applicable ratio.

If more than one contingent nonforfeiture benefit option is triggered by the same rate increase, You can chose either of the two benefits.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when this policy ends.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exclusions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary



**Long Term Care Insurance
Potential Rate Increase Disclosure Form**

1. **Premium Rate:** The premium rate that you have applied for is on the Outline of Coverage.
2. **The premium for this policy will be shown on the schedule page of your policy.** This premium will be in effect for the benefits you have chosen until a request for an increase is approved.
3. **Rate Schedule Adjustments:** Any premium rate adjustments will be effective on the next billing date.
4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can **NOT** be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options.

- Pay the increased premium and continue your policy in-force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Turn the page

Except for this reduced maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered “paid-up” with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your “paid-up” policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy).

Cumulative Premium Increase over Original Premium to exercise Contingent Nonforfeiture. (Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)					
Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

Turn the page

In addition to the contingent nonforfeiture benefits described above, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced "paid-up" benefit AND the contingent benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced "paid-up" contingent nonforfeiture benefit when all three conditions shown below are met:

1. The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

<u>Triggers for a Substantial Premium Increase</u>	
<u>Issue Age</u>	<u>Percent Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

2. You stop paying your premiums within 120 days of when the premium increase took effect; AND

3. The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

a. The total lifetime amount of benefits your reduced paid up policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.

b. The daily benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the daily benefit amounts you purchased will be adjusted by the applicable ratio.

Example:

- You bought the policy at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave; Chicago, IL 60610-2422
Things You Should Know Before You Buy

Long-Term Care Insurance

- | | |
|---------------------------------|--|
| Long-Term Care Insurance | <ul style="list-style-type: none">• A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.• You should not buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.• The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs. |
| Medicare | <ul style="list-style-type: none">• Medicare does not pay for most long-term care. |
| Medicaid | <ul style="list-style-type: none">• Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.• Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services.• When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.• Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency. |
| Shopper's Guide | <ul style="list-style-type: none">• Make sure the insurance company or agent gives you a copy of a booklet called the National Association of Insurance Commissioners' "Shoppers Guide to Long-Term Care Insurance." Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy. |
| Counseling | <ul style="list-style-type: none">• Free counseling and additional information about long-term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state. |
| Facilities | <ul style="list-style-type: none">• Some long-term care insurance contracts provide benefits payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased the long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy. |

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

	Review Status:
Satisfied -Name: Certification/Notice	06/13/2008
Comments:	
Attachment:	
Certif of Compliance with Rule 19.pdf	
Review Status:	
Bypassed -Name: Application	06/13/2008
Bypass Reason: Not applicable - rider filing only	
Comments:	
Review Status:	
Bypassed -Name: Health - Actuarial Justification	06/13/2008
Bypass Reason: Not applicable - rider filing only	
Comments:	
Review Status:	
Bypassed -Name: Outline of Coverage	06/13/2008
Bypass Reason: Not applicable - rider filing only	
Comments:	

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: **Bankers Life and Casualty Company**

Form Number(s): 16351 242A(07)

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Mariann Dobbs

Name

Assistant Secretary

Title

06/13/08

Date